

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000004211						FILED 08 MAR 10 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name WILLOUGHBY BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 2500 SE WILLOUGHBY BLVD STUART, FL 34994 US				Mailing Address 2642 SE WILLOUGHBY BLVD STUART, FL 34994 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
34994				USA			
4. FEI Number 65-0945929							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent PURINO, ALBERT T 2642 SE WILLOUGHBY BLVD STUART, FL 34994				7. Name and Address of New Registered Agent Name: GOLDBAUM, LEONARD Street Address (P.O. Box Number is Not Acceptable): SIGNATURE PROPERTY MANAGEMENT 969 S. FEDERAL HIGHWAY #401 City: STUART FL Zip Code: 34994			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE:				DATE: 2/29/08			
(NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POMA, FRANK 2642 SE WILLOUGHBY BLVD STUART, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETITT, BRIAN 2650 SW WILLOUGHBY BLVD STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PURINO, ALBERT T 2642 SE WILLOUGHBY BLVD STUART, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLAND, ROBERT 16 N. RIDGEVIEW RD. STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMA, KIMBERLY A 2642 SE WILLOUGHBY BLVD STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LULOH, PETER 2580 SE WILLOUGHBY BLVD STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIZ, AUDRA 2700 SE WILLOUGHBY BLVD. STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600119831076 03/10/08--01049--004 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:				Date: 3-7-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 772-219-4474			